

EXECUTIVE LOBBYING EXPENDITURE REPORT FORM 507

356

Executive Lobbyist Registration No.

- COVERING JANUARY 1 - JUNE 30, 2006 - DUE AUGUST 15
- COVERING JANUARY 1 - DECEMBER 31, _____ - DUE FEBRUARY 15

FOR OFFICE USE ONLY
Postmark Date: 08/11/06

EP (08/06)

3061123

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
OR
Fax to: (225)763-8787 or (225)763-8780

1. Name Paif Nicole B.
Last First MI

2. Business Address: 9217 Boone Dr. Baton Rouge, LA 70810
Street and No. City State Zip

Mailing Address Same as above

3. Business Phone 225-235-4837
Area Code and Telephone Number

4. Total of all executive lobbying expenditures made (January 1 through June 30): \$ 369.33
(Include expenditures from Schedules A and B)

5. Total of all executive lobbying expenditures made (July 1 through December 31): \$ N/A
(When Applicable) (Include expenditures from Schedules A and B)

6. Total of all executive lobbying expenditures made during calendar year: \$ N/A
(Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:
From January 1 through June 30? Yes No
From July 1 through December 31? Yes No NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:
From January 1 through June 30? Yes No
From July 1 through December 31? Yes No NA

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?
Yes No

If the answer to Number 9 above is YES, complete Schedule B and attach.

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10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

- 1) a. Name of Department: Department of Education
 b. Total of all expenditures made January 1 through June 30: \$ 359.24
 c. Total of all expenditures made July 1 through December 31: \$ N/A
 (When applicable)
 d. Total of all expenditures made during the calendar year: \$ 359.24

- 2) a. Name of Department: Department of Health & Hospitals
 b. Total of all expenditures made January 1 through June 30: \$ 10.09
 c. Total of all expenditures made July 1 through December 31: \$ N/A
 (When applicable)
 d. Total of all expenditures made during the calendar year: \$ 10.09

- 3) a. Name of Department: N/A
 b. Total of all expenditures made January 1 through June 30: \$ N/A
 c. Total of all expenditures made July 1 through December 31: \$ N/A
 (When applicable)
 d. Total of all expenditures made during the calendar year: \$ N/A

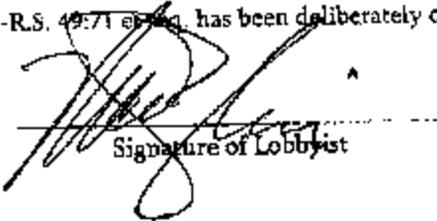
11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency.

- 1) a. Name of Department and Individual Agency: Department of Education (LSU Mid City - Earl K Long Outpatient Clinic)
 b. Total of all expenditures made January 1 through June 30: \$ 359.24
 c. Total of all expenditures made July 1 through December 31: \$ N/A
 (When applicable)
 d. Total of all expenditures made during the calendar year: \$ 359.24

- 2) a. Name of Department and Individual Agency: Department of Health & Hospitals - Office of
management & Finca
- b. Total of all expenditures made January 1 through June 30: \$ 10.09
- c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ N/A
- d. Total of all expenditures made during the calendar year: \$ 10.09
- 3) a. Name of Department and Individual Agency: N/A
- b. Total of all expenditures made January 1 through June 30: \$ N/A
- c. Total of all expenditures made July 1 through December 31:
(When applicable) \$ N/A
- d. Total of all expenditures made during the calendar year: \$ N/A

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.


Signature of Lobbyist